



OPTIONAL LIFE & LTD COVERAGE WORKSHEET

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OPTIONAL LIFE AND LTD COVERAGE IS AVAILABLE FOR PLAN 1A AND PLAN 1 APPLICANTS ONLY

First Name: _____ Last Name: _____
 Date Of Birth (MM/DD/YYYY): _____ Gender: Female Male Smoker: Yes No
 Phone: _____ Hospital: _____ Gross Monthly Salary: _____

Please fill out this worksheet and submit with your master application (form 1) and any additional health forms (form 3, 5 or 6) required when applying for optional benefit coverage offered to eligible applicants of Plan 1A and Plan 1 only. Evidence of good health is required for all optional benefit coverage applications. Rates are subject to change.

Worksheet For Optional Life Insurance (Employee And Dependants)

Complete the following calculations for all persons applying for additional coverage including yourself, your spouse and your dependants by using rates from overpage.

Relationship:	Name (First, Last):	Unit Rate (See Overpage):	Number of Units:	Monthly Premium:
Employee:				
Spouse:				
1 st Child:				
2 nd Child:				
3 rd Child:				
4 th Child:				
			Total (A):	

Worksheet For Optional Long Term Disability (Employee Only)

Please complete the following calculations for employee only long term disability coverage by using rates from overpage.

Relationship:	Name (First, Last):	Unit Rate (See Overpage):	Number of Units:	Monthly Premium:
Employee:				
			Total (B):	
			Total (A+B):	
			Tax (7% MB, 8% ON):	
			Monthly Total:	

Worksheet Example Optional Life Insurance

Relationship:	Name (First, Last):	Unit Rate (See Overpage):	Number of Units:	Monthly Premium:
Employee:	Jane Smith (Female, 42, Non-smoker)	1.10	10 units	\$11.00
Spouse:	John Smith (Male, 45, Non-Smoker)	2.50	5 units	\$12.50
1 st Child:	Kimmy Smith	0.70	2 units	1.40
			Total (A):	\$24.90

Worksheet Example Optional Long Term Disability (Employee Only)

Relationship:	Name (First, Last):	Unit Rate (See Overpage):	Number of Units:	Monthly Premium:
Employee:	Jane Smith (Female, 42)	2.90	5 units	\$14.50
			Total (B):	\$14.50
			Total (A+B):	\$39.40
			Tax (8% MB & ON):	\$3.15
			Monthly Total:	\$42.55



RATE PAGE ADDITIONAL LIFE & LTD COVERAGE

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Optional Life Insurance (Employee And Spouse)

Optional life insurance for an employee and a spouse can be purchased in units of \$10,000 up to a maximum of \$500,000. When submitting your application for optional employee and spousal life insurance coverage, please submit **form 3** for the employee and **form 5** for a spouse. Please see chart below for monthly unit rates.

Age	Monthly Unit Rates: Smoker		Monthly Unit Rates: Non-Smoker	
	Male	Female	Male	Female
Under 30	\$1.20	\$1.00	\$1.00	\$0.80
30 - 39	\$1.80	\$1.50	\$1.20	\$1.00
40 - 44	\$3.00	\$2.00	\$1.40	\$1.10
45 - 49	\$5.50	\$3.80	\$2.50	\$1.80
50 - 54	\$8.80	\$5.80	\$4.50	\$2.80
55 - 59	\$13.30	\$8.20	\$6.40	\$4.00
60 - 64	\$18.00	\$11.40	\$9.90	\$7.00

Optional Life Insurance (Child)

Optional life insurance for a child can be purchased in units of \$5,000 at a monthly rate of \$0.70, up to a maximum of \$50,000 in coverage. When submitting your application for optional life insurance coverage for a child, please submit one **form 6** per child for whom you wish coverage to be considered.

Optional Long Term Disability (Employee Only)

Optional employee long term disability can be purchased in increments of \$100.00. It's important to note that you can purchase optional coverage up to 65% of your gross monthly salary up to a maximum of \$5,000. This maximum includes the \$1,000 of basic LTD coverage offered through Plan 1A and Plan 1. Please use chart below for monthly unit rates and include **form 3** along with this worksheet when applying for excess long term disability coverage.

Age	Monthly Cost Per Unit
Under 35	\$1.19
35 - 39	\$2.16
40 - 44	\$2.90
45 - 49	\$4.03
50 - 54	\$5.45
55 - 59	\$6.68
60 - 64	\$6.56

Important Notes

When applying for optional coverage for yourself (the employee), your spouse and/or dependant children, it is important to complete all applicable sections on this worksheet and include all necessary forms with your application.

- Optional Life Insurance For Employee - Form 3
- Optional Life Insurance For Spouse - Form 5
- Optional Life Insurance For Dependant Child - Form 6
- Optional Long Term Disability For Employee - Form 3

DO NOT include the monthly premium that you've calculated for your optional coverage with your application. This additional monthly amount will be withdrawn automatically from your bank account once coverage has been approved.

In this summary, every effort has been made to ensure accuracy and we are not liable for any errors and/or omissions. The policy contract will govern.